

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
JESSE SAHAGUN,

Case No.: 08 CV 5052

Plaintiff,

-against-

INVACARE CORPORATION, IN MOTION CONCEPTS,  
LLC., and PRAXAIR TECHNOLOGY, INC.

Defendants.

-----X  
MOTION CONCEPTS, L.P. s/h/a IN MOTION  
CONCEPTS, LLC,

DEFENDANT PRAXAIR,  
INC.'S FIRST SET OF  
INTERROGATORIES

Third-Party Plaintiff,

-against-

ACCESSIBLE VANS AND MOBILITY OF NY, LLC,  
E-Z LOCK, INC. and BAN PRECISION, INC.,

Third-Party Defendants.  
-----X

Pursuant to Federal Rule of Civil Procedure 33, Defendant, Praxair, Inc. propounds the following interrogatories to Plaintiff Jesse Sahagan and requests that they be answered under oath within thirty days of service.

**DEFINITIONS**

1. The word "occurrence" means the occurrence that forms the basis of Plaintiff's complaint against the Defendants.
2. The word "document(s)" means all recorded material, whether written, electronic, printed, graphic, audio, visual or in any other form regardless of how it was produced or reproduced.

3. The term "wheelchair" means the wheelchair involved in the occurrence and referred to in Plaintiff's complaint.

4. "Person" or "persons" means natural persons, entities, proprietorships, partnerships, joint ventures, corporations, private and governmental organizations, groups, associations, subdivisions and departments, and trusts, and the representatives of each of the foregoing.

5. The terms "Plaintiff," "You," and "Your" mean Jesse Sahagan.

### **INTERROGATORIES**

1. State Your full name, birth date, address, and social security number.

2. State the name and address of every person to whom you have been married, the date and reason for termination of each marriage (e.g. divorce, death of spouse), and state the names, ages, and addresses of your children and any other dependents, if any.

3. Describe with particularity the occurrence, including the time and specific location of the occurrence, and your activities in the two hours immediately before and after the occurrence.

4. State the date you first acquired the subject wheelchair, the entity from which you acquired it, and describe any and all service, repairs or alterations to the wheelchair since its acquisition, providing the dates of all such repairs, the persons or entities performing the repairs, and the costs.

5. State the name and address of your employer at the time of the occurrence, the dates of employment, each and every position held, and the date of those positions, and the name(s) of your immediate supervisor.

6. Describe every employment, including self-employment, which you held during the ten years preceding the occurrence, including for each the name and address of each employer and immediate supervisor, the inclusive dates of employment, rate of compensation and the nature of your duties.

7. Identify all witnesses at the scene of the occurrence immediately before, during, or after the occurrence, and any other person, known to either Plaintiff or his attorney, having knowledge of relevant facts relating to the occurrence and state the facts about which they have knowledge.

8. State the total damages Plaintiff claims to have sustained as a result of the occurrence, breaking them down into separate categories for lost wages, hospitalization expenses, medical expenses, and any other continuing pecuniary damages that Plaintiff contends will result from the occurrence.

9. State your gross income in each of the five calendar years preceding the occurrence.

10. Identify each physician, hospital, medical clinic or other institution providing medical or rehabilitative services to you in connection with the injuries allegedly sustained in the occurrence. For each physician or institution listed, include the dates on which you received treatment or related services, the amount billed for any such treatment, and the reason that each expense was or is to be incurred.

11. If Plaintiff has received any insurance payments as a result of the incident, state the amount paid to Plaintiff, the name of each payor, the basis for each payment, and the amount of any subrogation claim or lien asserted by each payor.

12. If Plaintiff has ever been a party to a lawsuit, other than the present cause, or made a worker's compensation claim, for each, state the style, cause number and court, and describe the basis or reason for the suit or matter and its disposition.

13. Identify any statements taken in connection with the occurrence or injuries allegedly sustained by you, and:

- (a) Identify the person who gave the statement;
- (b) State the date such statement was taken;
- (c) Identify person who took the statement; and
- (d) State the form of the statement, i.e., notes to a conversation, tape recorded, etc.

14. Were any photographs taken of the scene of the occurrence before or after the occurrence, the subject wheelchair or any of its components, and/or the Plaintiff's alleged injury?

If so:

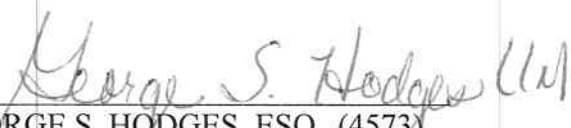
- (a) State the names and addresses of any persons taking such photographs;
- (b) State the date on which the photographs were taken; and
- (c) State the names and addresses of all persons who presently have copies of said photographs.

15. State the name and address of the person or entity that owned the subject wheelchair on the date of the occurrence, and the names and addresses of any prior owners of the subject wheelchair.



16. Describe with specificity the defect or malfunction in the subject wheelchair that you claim caused your accident.

DATED: White Plains, New York  
September 2, 2008

  
GEORGE S. HODGES, ESQ. (4573)  
HODGES WALSH & SLATER, LLP  
Attorneys for  
Defendant/Third-Party Plaintiff, Praxair  
Technology, Inc.  
55 Church Street, Suite 211  
White Plains, New York 10601  
(914) 385-6000

To:  
**WORBY GRONER EDELMAN LLP**  
Attorneys for Plaintiff  
11 Martine Avenue, Penthouse  
White Plains, New York 10606  
(914) 686-3700

**LESTER SCHWAB KATZ & DWYER, LLP**  
Attorneys for Co-Defendant  
Motion Concepts, LP  
120 Broadway, 38<sup>th</sup> Floor  
New York, New York 10271  
(212) 964-6611

**SEDGWICK, DETERT, MORAN & ARNOLD, LLP**  
Attorneys for Co-Defendant  
Invacare Corporation  
125 Broad Street, 39<sup>th</sup> Floor  
New York, New York 10004-2400  
(212) 422-0202

**AFFIDAVIT OF SERVICE**

STATE OF NEW YORK                    )  
  SS.:)  
COUNTY OF WESTCHESTER        )

LAURA MALFETANO being duly sworn, deposes and says:

I am employed by the law firm of HODGES, WALSH & SLATER, LLP, counsel for Defendant in the above action and I am over the age of 18 years and I am not a party to this action. On September <sup>2nd</sup> \_\_, 2008 I served a true copy of the annexed Defendant Praxair, Inc.'s First Set of Interrogatories in the following manner: by mailing same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York addressed to the last known address of all attorneys in this action as indicated below:

TO:

**WORBY GRONER EDELMAN LLP**

Attorneys for Plaintiff  
11 Martine Avenue, Penthouse  
White Plains, New York 10606  
(914) 686-3700

**LESTER SCHWAB KATZ & DWYER, LLP**

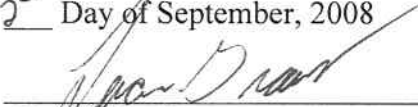
Attorneys for Co-Defendant  
Motion Concepts, LP  
120 Broadway, 38<sup>th</sup> Floor  
New York, New York 10271  
(212) 964-6611

**SEDGWICK, DETERT, MORAN & ARNOLD, LLP**

Attorneys for Co-Defendant  
Invacare Corporation  
125 Broad Street, 39<sup>th</sup> Floor  
New York, New York 10004-2400  
(212) 422-0202

  
LAURA MALFETANO

Sworn to before me this  
2<sup>nd</sup> Day of September, 2008

  
Notary Public

